

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)		09/700099	
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1	1	1	1	1	1			51	1	1	1
2	2	2	2	2	2			52	1	1	1
3	3	3	3	3	3			53	1	1	1
4	4	4	4	4	4			54	1	1	1
5	5	5	5	5	5			55	1	1	1
6	6	6	6	6	6			56	1	1	1
7	7	7	7	7	7			57	1	1	1
8	8	8	8	8	8			58	1	1	1
9	9	9	9	9	9			59	1	1	1
10	10	10	10	10	10			60	1	1	1
11	11	11	11	11	11			61	1	1	1
12	12	12	12	12	12			62	1	1	1
13	13	13	13	13	13			63	1	1	1
14	14	14	14	14	14			64	1	1	1
15	15	15	15	15	15			65	1	1	1
16	16	16	16	16	16			66	1	1	1
17	17	17	17	17	17			67	1	1	1
18	18	18	18	18	18			68	1	1	1
19	19	19	19	19	19			69	1	1	1
20	20	20	20	20	20			70	1	1	1
21	21	21	21	21	21			71	1	1	1
22	22	22	22	22	22			72	1	1	1
23	23	23	23	23	23			73	1	1	1
24	24	24	24	24	24			74	1	1	1
25	25	25	25	25	25			75	1	1	1
26	26	26	26	26	26			76	1	1	1
27	27	27	27	27	27			77	1	1	1
28	28	28	28	28	28			78	1	1	1
29	29	29	29	29	29			79	1	1	1
30	30	30	30	30	30			80	1	1	1
31	31	31	31	31	31			81	1	1	1
32	32	32	32	32	32			82	1	1	1
33	33	33	33	33	33			83	1	1	1
34	34	34	34	34	34			84	1	1	1
35	35	35	35	35	35			85	1	1	1
36	36	36	36	36	36			86	1	1	1
37	37	37	37	37	37			87	1	1	1
38	38	38	38	38	38			88	1	1	1
39	39	39	39	39	39			89	1	1	1
40	40	40	40	40	40			90	1	1	1
41	41	41	41	41	41			91	1	1	1
42	42	42	42	42	42			92	1	1	1
43	43	43	43	43	43			93	1	1	1
44	44	44	44	44	44			94	1	1	1
45	45	45	45	45	45			95	1	1	1
46	46	46	46	46	46			96	1	1	1
47	47	47	47	47	47			97	1	1	1
48	48	48	48	48	48			98	1	1	1
49	49	49	49	49	49			99	1	1	1
50	50	50	50	50	50			100	1	1	1
TOT. IND.	1	1	1	1	1			T. TAL IND.	1	1	1
TOT. DEP.	17	17	17	17	17			TOTAL DEP.	17	17	17
TOT. CLAI	18	18	18	18	18			TOTAL CLAIMS	18	18	18